

**DEPARTMENT OF PERSONNEL ADMINISTRATION
BENEFITS DIVISION**

Dental and Vision Plan Premiums Effective January 1, 2007

<u>Carrier/Address</u>	<u>Group Number</u>	<u>Deduction Codes</u>	<u>1 Party</u>	<u>Monthly Premium 2 Party</u>	<u>3 Party</u>
<u>State-Sponsored Dental Plans</u>					
Delta Dental	9949-Excluded (DeltaPremier)	351-008	\$48.87	\$97.26	\$136.87
P.O. Box 7736	9949-Rank and File (DeltaPremier)	351-007	\$46.95*	\$82.72*	\$120.01*
San Francisco, CA 94120	9946-Excluded and Rank and File (PPO)	351-018	\$40.50**	\$79.44**	\$119.89**
1-800-225-3368					
Safeguard	SOC Standard Plan	351-016	\$15.11	\$24.48	\$34.29
95 Enterprise	SOC Enhanced Plan	351-015	\$14.78	\$25.02	\$30.82
Aliso Viejo, CA 92656					
1-800-880-1800	Parent Group. Number 156777				
PMI – DeltaCare	2003	351-009	\$17.35	\$28.47	\$39.38
12898 Towne Center Drive					
Cerritos, CA 90703					
1-800-422-4234					
<u>Union Sponsored Dental Plans</u>					
CAHP/Blue Cross (R05)	336817-A	351-013	\$43.21***	\$76.04***	\$111.01***
CCPOA/Primary Dental (R06)	Fee-For-Service	351-006	\$86.13****	\$86.13****	\$86.13****
CCPOA/Western Dental (R06)	Prepaid	351-249	\$86.13****	\$86.13****	\$86.13****
<u>State-Sponsored Vision Plan</u>					
Vision Service Plan	12020000	475-001-Non CoBen	\$9.19	\$9.19	\$9.19
3333 Quality Drive		475-002-CoBen	\$9.19	\$9.19	\$9.19
Rancho Cordova, CA 95670					
1-800-877-7195					
* Employee Share: 1 party - \$11.74 / 2 party - \$20.68 / 3 or more party - \$30.00					
** Employee Share: 1 party - \$10.12 / 2 party - \$19.86 / 3 or more party - \$29.97					
*** CAHP Employee Share (w/subsidy): 1 party - \$8.00 / 2 party - \$14.00 / 3 or more party - \$21.00					
**** CCPOA Employee Share \$41.80					

(R05 Employees' share for the DeltaPremier Plan is \$16.74/\$29.68/\$42.00 and \$15.12/\$28.86/\$41.97 for the PPO plan).
(Under CoBen the total premium is deducted from the benefit allowance).
(The dental/vision premiums above do not include the administrative fee of \$1.69/mo.).